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<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
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<td>OSV-0002277</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:eugene.oloughlin@bocss.org">eugene.oloughlin@bocss.org</a></td>
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<tr>
<td>Provider Nominee:</td>
<td>Una Nagle</td>
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<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 10 June 2014 08:00  To: 10 June 2014 16:00

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication                           |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs                        |
| Outcome 06: Safe and suitable premises              |
| Outcome 07: Health and Safety and Risk Management   |
| Outcome 08: Safeguarding and Safety                 |
| Outcome 09: Notification of Incidents               |
| Outcome 11: Healthcare Needs                        |
| Outcome 12: Medication Management                   |
| Outcome 13: Statement of Purpose                    |
| Outcome 14: Governance and Management               |
| Outcome 15: Absence of the person in charge         |
| Outcome 17: Workforce                               |
| Outcome 18: Records and documentation               |

Summary of findings from this inspection
This report sets out the findings of an announced monitoring inspection and it was the first inspection undertaken by the Authority in this centre. This monitoring inspection took place over one day. As part of the inspection process the inspector met with residents, the person in charge, the social care leader and other staff members. The inspector observed care practices and reviewed documentation such as personal plans, medical records, accidents and incidents logs, complaints log, residents’ finances records, policies and procedures.

The sector manager and person in charge displayed knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. Overall, the inspector found that residents were appropriately cared for with privacy and dignity respected.

The action plan at the end of the report identifies improvements necessary to ensure
compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These included:

1) contracts of care
2) formalisation of the consultation process with residents
3) fire safety checks
4) statement of purpose
5) staff training
6) medication management.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Findings:
Staff informed the inspector that residents were consulted with informally on a daily basis and this was observed throughout the inspection. For example, each resident chose the evening meal menu on a different day and the chosen dish was displayed pictorially along with the name and photo of the resident who had chosen it. In addition, other plans for the week were discussed and decided upon on Sunday evenings. Staff asked residents’ permission for the inspector to view their personal care plans. One resident refused permission and this was acknowledged by the inspector and his wishes were respected. However, formal consultation and participation in the organisation of the centre as described in the Regulations, was not in place.

The complaints procedure was displayed in both pictorial and narrative form for easy access. There was a new complaints log but to date no entries had been made. There were complaints recorded elsewhere and these appeared to be dealt with in a timely fashion. However, the complaints form did not address whether the complainant was satisfied or not with the outcome. The policy required attention as it was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not identify nominated persons as required by the Regulations.

The centre appeared to be managed in a way that maximized residents’ capacity to exercise their personal autonomy and choice. There were several examples of this evidenced during the inspection, at meal time and helping out after meals, bringing their laundry to the utility room and using the washing machine. The inspector joined residents at breakfast where good interaction was observed among residents and between staff and residents. Residents were encouraged to participate in external activities, for example going to the cinema, pub or in to town shopping, visiting relatives. Risk assessments were completed to safely enable residents to be
Inspectors noted that where possible residents retained control over their own possessions and there was adequate space provided for storage of their possessions.

**Judgment:**
Non Compliant - Minor

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
Inspectors noted that residents had access to the internet, television, radio, music centres and i-pads. Some residents had televisions in their bedrooms and there was a flat screen television in the sitting room. Staff were aware of the individual communication needs of each resident and demonstrated effective communication with those residents with diverse communication needs, including sign language. One resident had a modified ipad to assist with communication which he demonstrated to the inspector. This was an invaluable asset to him as it enabled him to maintain contact with relatives overseas. There was a variety of picture charts displayed throughout the house including fire safety and day and night staff on duty.

Residents had access to multi-disciplinary professionals if their condition warranted. The sample of care plans reviewed demonstrated that residents were assessed and had regular access to a multi-disciplinary team.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):

Findings:
Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Findings:
The inspector reviewed a sample of personal support plans for residents. The support plans commenced with individual client profiles which included a description of the resident as well as a photograph. There was information for ‘My Family and Siblings and Other Important People in my Life’ with photographs. There was valuable information relating to how families were supported to ensure contact was maintained including access to skype and facetime as some relations were overseas. There was ‘Things that are important to Me’ describing interests, activities and behaviours for each resident, there was some inconsistency in that not all of these were written from the perspective of the residents. Residents had assessments completed which described the level of assistance required for daily activities. The inspector observed residents involved in specific tasks and roles including housekeeping, clearing the table after meals, filling the dish-washer and these formed part of their goals in their personal plans and support details were reflected.

All residents went off-site to different day-centres as part of their activation and support plans reflected the established activity schedule available to residents. Two residents went to “The Manse” Elder Care programme as their assessed needs indicated that this service would be more beneficial to them. The support plans identified the key worker
assigned responsibility to enable residents to achieve their goals with timescales to review objectives and re-evaluation. An assessment with associated interventions to support risk taking was evident in residents’ support plans, for example, taking responsibility for money, walking across the road to the shop, and cooking. These were co-signed by staff and residents. In addition, support plans included ‘a review of my year’ which contained excellent narrative as well as a review of the resident’s priorities, the priority status and supports necessary to achieve these goals as well as current and future service needs. Consent forms were in place for photographic identifications as well as other interventions and these were signed by residents and their next-of-kin.

The sample of records reviewed demonstrated that residents had access to allied health professional interventions such as dentist, chiropody, ophthalmology, dietician, psychology and psychiatry. Residents had access to their own GP and out-of-hours GP cover was provided. The sample of annual health care checks form reviewed demonstrated a detailed report to inform visiting GPs. A ‘hospital passport’ was in place for each resident which demonstrated quite a comprehensive report detailing all aspects of the resident’s care, communication and welfare in addition to their medical information.

The inspector reviewed a daily report from both night and day staff describing care and welfare of residents.

Judgment:
Non Compliant - Minor

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Findings:
The centre was a bungalow located on an elevated site in a suburban area. There was parking space and outdoor space for residents. There was a secure enclosed courtyard and garden to the rear which contained garden furniture and barbeque, however, the garden was not well maintained to enable residents’ access. New hand rails had been erected on the driveway as well as handrails on the corridors within the house. A new ramp was installed in the porch to assist residents. However, a risk assessment of egress and entry to the house was necessary to take account of the deteriorating physical capacity of some residents.
The centre could accommodate six people; five residents and one staff member. The design and layout was suitable for its stated purpose and function and appeared to meet the individual and collective needs of residents. It was bright, warm, homely, and well maintained. There was a sun lounge with seating at the front entrance. There was an assisted shower, toilet and hand-wash basin and a second bathroom with bath, toilet and hand wash basin. Communal space comprised a large kitchen / dining room, sitting room and games room. Residents had decorated their room with posters, pictures, furniture and mementos. There was wooden flooring throughout to mitigate trips/falls risk.

Laundry facilities were in the utility room where cleaning equipment was also stored. The staff room was secure and residents’ files and cash were securely maintained within the staff room. Medications were securely maintained within a purpose-built locked unit alongside the staff office.

**Judgment:**
Non Compliant - Minor

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**Outcome 07: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
There was a health and safety policy and safety statement and it contain all the items as listed in the Regulations including the emergency plan. This was also displayed in pictorial format in the hallway.

Each resident had a ‘Personal Emergency Egress Plan’ in place whereby an evaluation was completed and a detailed evacuation plan was compiled. Appropriate fire evacuation advisory signage was displayed in the hallway. There were adequate means of escape and fire exits were unobstructed. Emergency lighting was in place over each exit as well as patio doors, in the games room, kitchen, hallway, and bedrooms. In addition, there was advisory signage displaying the location of fire safety equipment throughout the house. Certificates were in place for annual servicing of fire safety equipment. However, bi-annual testing of emergency lighting and routine testing of the fire alarm were not evidenced. Regular fire drills and evacuations were completed by staff and residents, however, only staff attended the fire evacuation training. Daily and weekly fire checks were not recorded.

The environment appeared well maintained with appropriate flooring and adequate
lighting to minimise risk. Cleaning duties were the responsibility of all staff, however, staff had not completed training in effective cleaning practices to prevent the risk of cross infection. Advisory signage for best practice hand hygiene was displayed in the kitchen and bathrooms. While hand hygiene gel was available it was not within a dispenser in line with best practice and for ease of accessibility for residents.

The accident and incident book was reviewed and contained records which demonstrated that issues were addressed in a timely manner with the involvement of relevant professionals.

The hazard log included the environment, behaviour, infection prevention and control and storage of chemicals, however, this was not dated so it was not possible to determine how up-to-date this hazard log was. Chemicals and cleaning products were not securely stored as described in their hazard log.

**Judgment:**
Non Compliant - Minor

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**Outcome 08: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
The person in charge was involved in the management of the centre and visited regularly and the inspector observed the person in charge and staff interacting with residents in a friendly, respectful manner. Even though staff demonstrated their knowledge relating to adult protection and interventions necessary, staff had not completed up-to-date training in protection of vulnerable adults.

Relevant residents had positive behavioural support care plans in place as part of their care plan documentation. Personal care plans demonstrated referrals to appropriate professionals for assessment to enhance care and welfare with subsequent reports to inform care. The inspector observed that staff interacted appropriately with residents and demonstrated their knowledge regarding interventions necessary when residents required attention. Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes...
of challenging behaviour. There was evidence of these strategies in residents’ personal care plans.

Signed consent forms were evidenced for emergency care and photographic identification in the sample of residents’ documents reviewed.

Residents’ finances were securely maintained in the centre. There were individual logs for each resident as well as a household ledger which was separately maintained. However, two signatures for credit and debit transactions were not in place in line with best practice, to safeguard both the resident and staff member.

**Judgment:**  
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**  
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**  
The PIC and provider outlined to the inspector the process for recording any incident that occurred in the centre. They demonstrated their knowledge regarding notifications to the Authority as required by the Regulations. Based on a review of documentation, appropriate notifications were submitted to the Authority, with interventions, health professional input and correspondence demonstrated.

While there was a policy evidenced to inform protection of vulnerable adults, it did not outline notification to the Authority of an allegation, suspected or confirmed, of abuse.

**Judgment:**  
Non Compliant - Minor

**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development
Outstanding requirement(s) from previous inspection(s):

Findings:
The inspector examined a sample of personal plans which included ‘Best Possible Health’ which included quite a detailed medication management plan as well as an annual health check completed by the GP; where indicated there was a comprehensive epileptic care plan. A ‘preventative health screen check’ including dementia screening was part of the overall health check. The inspector noted that healthy living choices in relation to exercise, weight control and balanced diets were encouraged and supported. There was appropriate information displayed in the kitchen to support residents regarding healthy diet choices. The level of support necessary to enable residents to maximise independence was documented in their support plans.

Residents had their breakfast and evening meal in their house and their mid-day meal off-site in the activation centres they attended. The inspector joined residents at breakfast and each resident was offered choice and one resident was observed making his own breakfast. Breakfast was relaxed with good interaction observed between staff and residents and among residents: supper was prepared by staff. Residents had access to specialist dietician advice when necessary with outcomes recorded in the residents’ personal plans and a recognised nutrition risk assessment tool was in use. However, staff had not completed training in food preparation, cooking, storage or hygiene.

Judgment:
Non Compliant - Minor

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

Findings:
There was a ‘Brothers of Charity Services’ policy and procedure for medication management which was up-to-date, however, a site specific addendum was not in place to complement this policy to reflect local practice and procedures. A signature sheet as described in An Bord Altranais medication management guidelines 2007 was not in place.

Medication was stored securely in a locked cupboard. The medication prescription/administration record was examined in conjunction with the individual
resident’s monitored dosage system and it was identified that two residents appeared not to have received their morning medication. It was reported to the inspector that on occasion, medication may not be dispensed for the appropriate day/time and this may cause confusion and an apparent error. The medication error/incident log was examined and omission errors were documented and reported to the social care leader who in turn reported them to the person in charge. This incident was reported to the social care leader who addressed the issue immediately; it was further discussed at length at the feedback meeting with the designated provider and person in charge.

Photographic identification was in place for all residents as part of their prescriptions in line with best practice. Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were not always documented; PRN medications were recorded under regular medications.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Statement of Purpose
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
While a written Statement of Purpose was available, it did not contain arrangement made for consultation with, and participation of, residents in the operation of the centre as described in Schedule 1 of the Regulations.

**Judgment:**
Non Compliant - Minor

### Outcome 14: Governance and Management
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*
### Theme:
Leadership, Governance and Management

### Outstanding requirement(s) from previous inspection(s):

### Findings:
The person in charge was full-time, suitably qualified with the necessary experience to ensure effective safe care and welfare of residents. He demonstrated adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. He was committed to his own continuing professional development for example, undertaking post graduate qualification management.

### Judgment:
Compliant

### Outcome 15: Absence of the person in charge

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

### Theme:
Leadership, Governance and Management

### Outstanding requirement(s) from previous inspection(s):

### Findings:
Suitable arrangements were in place in the absence of the person in charge whereby the sector manager deputised. The person in charge was aware of the regulatory requirements regarding submission of a notification to the Authority in relation to his absence.

### Judgment:
Compliant

### Outcome 17: Workforce

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and*
recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
Many of the staff had been employed in the centre for some time and this resulted in positive outcomes for residents as there was continuity of care. While relief staff were called upon, the same relief staff worked in the centre to minimise disruption to the residents. There were social care leaders in place responsible for the day-to-day running of the centre with care staff.

Staff files were examined and while many of the items listed in Schedule 2 were in place for the files reviewed, full employment history was missing for one staff member. References were routinely verified. Staff appraisals were in the process of being rolled-out.

Staff training files were also reviewed and mandatory training including protection, fire safety, as well as infection prevention and control was not up-to-date.

**Judgment:**
Non Compliant - Moderate

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**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
Non-compliances were described under Outcome 12, Medication Management.
Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>10 June 2014</td>
</tr>
<tr>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Formal consultation and participation in the organisation of the centre as described in the Regulations, was not in place.

**Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

**Please state the actions you have taken or are planning to take:**

Formal consultation with Service Users will commence from 18th July 2014.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 18/07/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The policy was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

**Action Required:**  
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:  
An independent complaints officer has been appointed for the service. All staff and Service Users will be made aware of this appointment as of 18th July 2014.

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**Proposed Timescale:** 18/07/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The policy was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.

**Action Required:**  
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:  
The complaints officer will maintain a record of all complaints under regulation 34(2)f.

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**Proposed Timescale:** 18/07/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The policy was difficult to follow and while it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations.
**Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The Director of Services is available to Service Users and oversees the complaints management process and a six monthly report is compiled.

**Proposed Timescale:** 18/07/2014

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints form did not detail whether the complainant was satisfied or not with the outcome.

**Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints procedure will in future record the satisfaction or otherwise of the complainant with the outcome.

**Proposed Timescale:** 18/07/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

**Action Required:**
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.
Please state the actions you have taken or are planning to take:
Written agreements with Service Users will be put in place by 31st December 2014

Proposed Timescale: 31/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Written agreements with Service Users will be put in place by 31st December 2014, to include any fees to be charged.

Proposed Timescale: 31/12/2014

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were mostly written from the residents’ perspective with person-centred information, however, occasionally, they were not.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

Please state the actions you have taken or are planning to take:
All Service Users care plans will be reviewed and amended as appropriate to reflect the Service Users perspective.

Proposed Timescale: 31/10/2014
### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A risk assessment of egress and entry to the house was necessary, cognisant of the deteriorating ability of residents identified.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
A risk assessment has been carried out in relation to the egress and entry to the premises.

**Proposed Timescale:** 18/07/2014

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The back garden was not well maintained to enable residents’ access.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
The rear garden will be renovated and maintained to better allow residents access.

**Proposed Timescale:** 01/08/2014
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All chemicals and cleaning products will be store appropriately to reflect any risk assessment and identification of hazards associated with them.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 18/07/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Staff had not completed training in effective cleaning practices to prevent the risk of cross infection.

While hand hygiene gel was available it was not within a dispenser in line with best practice and for ease of accessibility for residents.

**Action Required:**  
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**  
Staff will complete training in infection control.

**Proposed Timescale:** 31/10/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Bi-annual testing of emergency lighting and routine testing of the fire alarm were not evidenced.

**Action Required:**  
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

**Please state the actions you have taken or are planning to take:**  
We will ensure that bi-annual testing of emergency lighting and fire alarms takes place routinely and all records of same will be maintained.

**Proposed Timescale:** 31/07/2014  
**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Daily and weekly fire checks were not recorded.

**Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
Daily and weekly fire checks are now carried out and recorded.

**Proposed Timescale:** 27/06/2014

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not completed up-to-date training in protection of vulnerable adults.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Refresher training in welfare and protection will be provided for all staff.

**Proposed Timescale:** 31/10/2014

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two signatures for credit and debit transactions were not in place in line with best practice, to safeguard both the resident and staff member.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
Procedure will be put in place to ensure two signatures evidence all credit and debit transactions in future.
<table>
<thead>
<tr>
<th>Proposed Timescale: 18/07/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 09: Notification of Incidents</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>While there was a policy evidenced to inform protection of vulnerable adults, it did not outline notification to the Authority of an allegation, suspected or confirmed of abuse.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The service policy will be reviewed and updated to reflect the 3 day notification to HIQA regarding any suspicion or allegation of abuse.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/10/2014</td>
</tr>
<tr>
<td><strong>Outcome 11. Healthcare Needs</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Staff had not completed training in food preparation, cooking, storage or hygiene.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>We are in the process of developing a training package which we aim to deliver to all staff by 31st October 2014</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/10/2014</td>
</tr>
<tr>
<td><strong>Outcome 12. Medication Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
</tbody>
</table>
Two residents appeared not to have received their morning medication.

It was reported to the inspector that on occasion, medication may not be dispensed from the appropriate day/time of the monitor dosage system.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
The Administration of Medication was reviewed immediately and all staff have been instructed to only administer medication in line with best practise and at the date and time specified on the dosage system.

**Proposed Timescale:** 10/06/2014

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While a written statement of purpose was available, it did not contain arrangement made for consultation with, and participation of, residents in the operation of the centre as described in Schedule 1 of the Regulations.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose will be reviewed and amended to include the arrangements for consultation with Service Users.

**Proposed Timescale:** 30/09/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Full employment history was missing for one staff file reviewed.
**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
All staff files will be reviewed and updated to ensure all relevant documentation is in place.

**Proposed Timescale:** 31/10/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Mandatory training including protection, fire safety, as well as infection prevention and control was not up-to-date.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Training will be provided to staff in fire safety and infection prevention and control.

**Proposed Timescale:** 31/10/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a ‘Brothers of Charity Services’ policy and procedure for medication management which was up-to-date, however, a site specific addendum was not in place to complement this policy to reflect local practice and procedures.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
A site specific addendum to the Medication Management policy will be developed to reflect and guide local practise and procedure.
**Proposed Timescale:** 28/11/2014

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was not in place.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
A Signature sheet is in place

**Proposed Timescale:** 10/06/2014